

# Outpatient Clinic Template Management UHL Policy

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## REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

November 2020	<ul style="list-style-type: none"> <li>Name of Responsible Committee updated to “Outpatient Optimisation Programme Board” (previously known as Outpatient Programme Board).</li> <li>Addition of “Outpatient Service Manager” within section 4 (4.12), Roles and Responsibilities.</li> <li>Removal of the requirement for Commissioner approval for the creation of Telephone or Virtual clinics, as no longer applicable.</li> <li>Removal of reference to tariff-based income, which is no longer applicable due to block tariff arrangements.</li> <li>Distinction between multi-disciplinary and multi-professional appointments included to meet national definitions.</li> <li>Reference added to Telephone and Video/Webcam appointments throughout.</li> <li>Definition of Video/Webcam clinic/appointment added (3.7)</li> <li>Definition of NHS e-Referrals Service (e-RS) added (3.9)</li> <li>Addition of Outpatient Clinic Planning Principles (1.6 &amp; 5.2)</li> <li>Addition of section to support the alteration of appointment types to enable social distancing (in response to COVID-19 pandemic) (section 5.10).</li> <li>Addition of section relating to permanent and temporary hospital site moves (5.15)</li> <li>Removal of previous section 5.19 “Ambulatory Clinics” as no longer required</li> <li>Addition of Appendix 7 which details the steps required to cancel a new appointment on HISS that has been booked via the NHS e-Referral Service system.</li> <li>Addition of Appendix 8 which details how to request access to Qlik Sense, to gain access to the Outpatient Management Tracker tool</li> <li>Addition of Appendix 9 which outlines the principles of how to manage clinics transferring to a different UHL site.</li> </ul>
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## KEY WORDS

Clinic, administration, capacity, efficiency, utilisation, virtual, video/webcam, telephone

## 1 INTRODUCTION AND OVERVIEW

**1.1** The University Hospitals of Leicester NHS Trust (UHL) is committed to ensuring that patients invited to an outpatient, appointment are assessed by the right clinicians in a suitable environment and in a timely manner. The Trust aims to offer patients a good experience with the right resources to achieve the best service for each patient. One of the requirements supporting achievement of this is for all outpatient capacity to be fully quantified and then used to maximum efficiency. All decisions taken relating to

outpatient clinics and clinic management are done so with in the best interest of patients. This Policy mandates use of a consistent Trust-wide approach for the administration and management of outpatient clinic templates and appointment bookings.

- 1.2 This document sets out the UHL's Policy and Procedures for the administration of outpatient clinic templates and appointment bookings. Compliance with this approach to manage clinic appointment templates will support analysis of clinic booking utilisation. When unused appointments are proactively and accurately quantified, actions can be taken to use up any potential waste.
- 1.3 Increased appointment utilisation will improve the patient experience by reducing both the overall wait for an appointment and the number of appointments cancelled by the hospital. The capability to identify potential shortfalls in capacity can be managed so that wait times do not increase.
- 1.4 Controls on clinic and appointment types used enable informative analysis of outpatient activity and efficiency can be accurately measured.
- 1.5 Actions to improve efficiency include:
  - Clinic templates (booking diaries) managed so that maximum capacity is known and appropriate numbers of new and follow-up patients are accommodated.
  - Clinics are being booked up to full capacity.
  - Clinics start and finish at the expected time.
  - Patients are dealt with by the right person for their condition.
  - Patients are reviewed within the most clinically appropriate appointment type, which could be by a face to face, telephone or video/webcam consultation.
- 1.6 Where an outpatient appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments (NHS England, July 2020). UHL is aiming to exceed this minimum requirement and progress can be monitored via the Outpatient Management Tracker.

## **2 POLICY SCOPE**

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- 2.1 This Policy applies to all staff working within UHL who are involved in outpatient clinic administration and management, including the Alliance.
- 2.2 The Policy applies to all clinics administered on the UHL Hospital Information Support System (HISS). This includes UHL activity in peripheral clinics that are physically held at locations other than the main hospital sites. These include satellite renal units, primary care locations and hospitals together with UHL outpatient activity undertaken within private hospital facilities, e.g. Spire and Nuffield

## **3 DEFINITIONS**

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### **3.1 Clinic Lead**

Every clinic code is attributed to a single lead clinician. This may be, for example, a consultant, a junior doctor working on behalf of a consultant, a nurse or other Allied Health Professional (AHP).

At a higher level, every clinic code must be linked to an entry on the HISS "consultant master-file". Clinicians working as independent entities (i.e. with full responsibility for patients) will be listed in this master-file. This list can include consultants (with a specialist registration with the General Medical Council - GMC), locums (where a specialist registration with the GMC is not necessarily in place), nurses, dentists, General Practitioners (GPs) acting as consultants and other AHPs.

Consultants are defined in the master-file by their GMC code. Other clinicians, in the absence of a GMC code, use national default codes e.g. N9999998 for a nurse. A full list of appropriate coding schema and default codes is available in the NHS Data Dictionary

### 3.1.1 Clinic Function Type

Within the set-up of every clinic code recorded on HISS, the Clinic Lead must be clearly defined, e.g. doctor, nurse, technician. This must be recorded accurately to enable analysis. Within the Trust there are a range of Clinic Function Type categories and a single category is assigned to each clinic during set-up. A standard consultant-led clinic will have the function 'DOC' meaning doctor-led. (See Appendix 1 for Clinic Function Types available).

### 3.1.2 Multi-Disciplinary and Multi-Professional Clinics

These attendances are defined by multiple professionals seeing a patient together, in the same attendance, at the same time. Multi-disciplinary refers to consultants from different main specialties seeing the patient. (See also Glossary of Terms, Appendix 2).

### 3.1.3 Research Clinics

Research clinics are externally funded e.g. by a drug company and should be excluded from reimbursement via the normal tariff route. These clinics should have a clinic function type of "RSC" assigned, which is the mechanism for them to be excluded.

## 3.2 **New and Follow-up appointments**

A first appointment occurs when any consultant or a nurse / other AHP, with their own list of patients, assesses a patient for the first time as an outpatient. Subsequent appointments under the same lead clinician are classed as follow-up appointments.

Where a new referral is received and the patient has no current open outpatient episode with the clinician, a new appointment should be given.

See Appendix 3 for further details on what is classed as a new or follow-up appointment.

## 3.3 **Clinic Appointment Timeslot Types**

Within the Trust there are a range of appointment type codes that systematically describe a specific type of appointment. These may be used to subdivide the reporting of activity within a clinic. See Appendix 4 for the current list of available appointment timeslot types.

## 3.4 **Clinic Templates**

A clinic template describes the intended diary design of the clinic and has the following attributes:

- How frequently the clinic runs (e.g. weekly, daily)
- The start and finish times of the clinic
- How many appointments are available
- What appointment types are available (a mixture of new appointment types can be accommodated within a clinic designated for "new" patients, a mixture of follow up appointment types can be accommodated within a clinic designated for "follow up" patients, e.g. face to face, telephone or video/webcam appointment types)
- Whether the template is for new or follow-up patients (only if the clinic is not intended to accommodate new referrals booked via e-RS is a mixture of new and follow up patients permitted)
- The length of each appointment.

## 3.5 **Virtual Admin Clinics (without the patient)**

This type of clinic facilitates activities by clinicians to review the status of a list of patients, in a structured and managed timeframe e.g. test results, with or without the case-notes being necessary and *without the patient* being present.

Please note that at a national and local strategic level the term “Virtual appointments” is more generic and can include telephone and video/webcam consultations. In recording our local appointment data, we keep the distinction to understand the detail of our clinic activities.

### **3.6 Telephone Clinics/Appointments**

Specific criteria apply to telephone appointments. Not every telephone conversation between the patient and a clinician can be defined as a telephone appointment. Clinics can be exclusively for telephone appointments, or telephone appointments can be incorporated with face to face or video/webcam appointments within the same clinic code. For activity to be recorded as a telephone/ telemedicine consultation, all the following criteria must apply:

- a) The consultation is associated with an existing or new referral
- b) The patient is booked into an appropriate telephone slot type
- c) The appointment is pre-booked (e.g. agreed with the patient)
- d) It directly supports diagnosis and care planning
- e) It replaces a face-to-face outpatient attendance
- f) A record of the telephone or telemedicine consultation is retained in the patient's case notes.

Exclusions include:

- Text or email messaging
- Telephone contacts solely for informing patients of results.

### **3.7 Video/Webcam Clinics/Appointments**

Clinics can be exclusively for video/webcam appointments, or video/webcam appointments can be incorporated with face to face or telephone appointments within the same clinic code. The following criteria must apply:

- a) The consultation is associated with an existing or new referral
- b) The patient is booked into an appropriate video/webcam slot type
- c) The appointment is pre-booked (e.g. agreed with the patient), with joining instructions being communicated in advance to the patient
- d) It directly supports diagnosis and care planning
- e) It replaces a face-to-face outpatient attendance. A record of the video/webcam consultation is retained in the patient's case notes

### **3.8 Clinic Locations**

A clinic where face to face attendance is required can take place in almost any location although this is usually an outpatient clinic or ward area. Every clinic must have the correct location identified during set-up and then amended if the location changes. Appointment letters in particular inform the patient where to attend so the location of the clinic must be accurately specified for the clinic timeslot on HISS.

Where patients are seen in their own home, appointment types of ‘home visit’ should be used (see Appendix 4). This then indicates that the clinic was not actually held on Trust premises.

### **3.9 NHS e-Referral Service system (e-RS)**

All referrals from General Practitioners into elective Consultant-led outpatient services must be made via the NHS e-Referral Service system. e-RS links directly to specific outpatient clinic timeslots in HISS which become visible on e-RS to enable patients to book into a day/time convenient to them (within the limits of when the clinics run).

## **4 ROLES AND RESPONSIBILITIES**

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### **4.1 Executive Lead - Chief Operating Officer**

Ensure outpatient resources are used to maximum efficiency through Trust-wide compliance with Policy.

### **4.2 Outpatient Optimisation Programme Manager**

Accountable to the Executive Lead. Ensure compliance with Policy as per the Policy Monitoring Table. Chair of the Outpatient Optimisation Programme Board.

### **4.3 Deputy Head of Performance for Outpatients and Electronic Referral Service (e-RS)**

Accountable to the Executive Lead. Supports compliance with Policy.

### **4.4 Outpatient Optimisation Programme Board**

Work with Clinical Management Groups (CMGs) to ensure outpatient services are provided as efficiently and cost effectively as possible whilst maintaining quality, optimising the capacity of outpatient services. Review reports and monitor progress monthly. Accountable to the Executive Strategy Board and Executive Performance Board, via the overarching Outpatient Transformation Programme Board

### **4.5 Clinical Management Group (CMG) Managers / Heads of Service**

Ensuring compliance with Policy as per the Policy Monitoring Table.

### **4.6 General Managers**

Any (permanent) changes to clinic templates must be authorised at this level (following appropriate consultation with Clinic Lead) (see Appendix 5) to prevent ad hoc adjustments being made, thus ensuring capacity is being understood and appropriately managed / issues addressed. Take responsibility for ongoing monitoring of outpatient appointment booking utilisation, ensuring optimum use of resources.

### **4.7 Lead Clinician (Clinic Lead)**

Agree the number of patients that can reasonably be expected to be assessed within the timeframe of the clinic session, so that agreed numbers can be set as the standard clinic template. Keep the General Managers informed of the ad hoc need to cancel/reduce clinics due to unavailability (using local process). Approve overbooking of slots (due to clinical need). For clinics where Consultants have supporting medical staff (e.g. Specialist Registrars), agree the number of patients that can reasonably be expected to be assessed by that grade of staff, so that each clinician within a clinic session has their own clinic code and template. The Clinic Lead (and/or their support staff such as secretary) must give prompt and adequate notice of intended unavailability to attend a scheduled clinic, ensuring compliance with the medical staff annual/study leave policy (see section 9 for link to current Policy).

### **4.8 Service Managers**

Responsible for informed and accurate application of this Policy, by all staff involved in outpatient administration and management.

### **4.9 Admin Team Leaders (or roles with similar title / nominated individuals)**

Responsible for adhering to Policy and ensuring staff under their leadership who administer outpatient clinics are suitably informed and trained to enable them to adhere to the Policy. Will ensure that no ad hoc adjustments are made to templates; new and follow-up appointments are categorised correctly and requests for new clinic codes are made in line with this Policy.

(To request new clinic codes use Landesk on INsite. Select 'Request a Service', Locate the 'HISS/Clinicom – add clinic template' service and use the "UHL HISS Outpatient New request" form embedded within the service request.)

#### **4.10 Clinic Co-ordinators (or roles with similar title)**

Responsible for adhering to Policy while administering outpatient clinics. Cancelling clinic slots following approval by the General Manager (and using the appropriate HISS code). Overbooking slots only with the approval of the Clinical Lead. Verbally agreeing appointments with patients if they are to be overbooked and forewarning them of potential in-clinic delays.

#### **4.11 Applications Management ([IBM, IT Managed Business Partner])**

Responsible for ensuring consistency in handling requests for new clinic set ups on HISS, or clinic change requests, in line with the Policy.

#### **4.12 IT Training Team**

Ensure training and materials are consistent with the Policy.

#### **4.13 Service Manager for Central Outpatients**

Supports specialties who utilise the central outpatient departments in clarifying the numbers of face to face appointments that can be accommodated within a clinic template for the time/day that the clinic is scheduled to take place.

## **5 POLICY STATEMENTS**

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### **5.1 Clinic Administration Standard**

Every patient who is assessed as an outpatient within the Trust, or a peripheral clinic managed by the Trust, must have their "attendance" data recorded electronically. In order that patients' clinical records are complete and the Trust is able to accurately monitor and report activity; it has an obligation to ensure that no activity is missed. All outpatient activity must be recorded on the Trust's patient administration system: HISS (Hospital Information Support System).

### **5.2 Outpatient Clinic Planning Principles**

#### **5.2.1 Outpatient Modelling Assumptions:**

The following assumptions are proposed to inform outpatient clinic optimisation and to standardise processes:

- 42 weeks per annum
- 240 minutes per session
- > 95% booking slot utilisation
- Average length per appointment type:
  - 20 minutes for new patients
  - 10 minutes for follow up appointments
  - 30 minutes for outpatient procedure (in some instances this may be 45 minutes)
  - 10 minutes for non-face to face

*This may be varied in accordance with Royal College guidelines or specific speciality requirements*

- 85% clinic room utilisation
- Admin time should be built into clinic session (circa 30 mins) unless specified with consultant Job Plans that this is undertaken outside the clinic session
- Royal College guidelines may be reflected in clinic templates

### **5.3 Clinic appointment booking utilisation**

5.3.1 The target for clinic appointment timeslot booking utilisation is 95% (i.e. appointments with patients booked into them, regardless of whether they attend or not). This takes



last minute patient cancellation into account, where the cancellation is too short notice to fill the appointment timeslot with another patient. To support achieving the utilisation target, a daily update of vacant slots is available to specialty staff. This enables easy identification of slots that can be booked into, providing the clinic is clinically appropriate. The Prospective Clinic Utilisation report is available within the Outpatient Management Tool of Qlik Sense (see Appendix 8 for details of how to gain access).

#### **5.4 Clinic code per responsible clinician**

- 5.4.1 Each clinician with a session must have their own clinic code (e.g. Consultant, Specialist Registrar, junior Doctor, General Practitioner Clinical Assistant (GPCA) etc.). Outpatient nurses/support workers in clinic (e.g. to measure weight, height, take bloods etc.) do not have their own list.

#### **5.5 Keeping clinic templates static and overbooking**

- 5.5.1 Every clinic template should remain static over time. It is then a clear statement of available capacity, which aids the process of efficient service management. Increased demand may then lead to service developments through a managed process and underpinned with accurate capacity assessment.
- 5.5.2 In practice, this means that appointment timeslots are not added or removed on an ad hoc basis. Where demand for appointments is greater than the capacity of an individual clinic (i.e. it is clinically important that additional patients are seen in a particular session), patients may be seen by overbooking an already booked clinic appointment timeslot. There must be a clear process of authorisation within the CMG for overbooking, with the Clinic Lead giving final authority. Patients being booked into a timeslot that is already allocated to another patient should have their appointment verbally agreed, when the patient can be forewarned of a potential delay in being seen.
- 5.5.3 The only exceptions to this rule are when it is deemed to be detrimental to the patient to make them wait unnecessarily to be seen in clinic, where another patient is already booked into the same timeslot (i.e. patients attending to be given life-changing news, such as diagnosis with cancer). In such clinics the templates must also be reviewed to ensure all potential capacity is being made available with realistic templates and timeslots.
- 5.5.4 All new clinics should be set up with the ability to allow overbooking (except where resources, such as equipment, are limited and not conducive to overbooking).
- 5.5.5 Patients should only be overbooked onto a clinic when there is a clinical need to see patients on a clinic that is already full. Consideration must be given to the number of patients booked into the same appointment timeslot. All patients will be scheduled to attend at a realistic time to avoid several patients attending simultaneously for an individual appointment time and then having to wait. Ideally overbookings should be towards the end of a clinic. If overbookings happen at the beginning of the clinic, there is an expectation that overbooked patients will have been seen and left the clinic prior to the scheduled clinic start time, such that there is minimal knock-on effect on other patients attending at their scheduled time. When patients are overbooked into clinics, they should be verbally advised, at the point of agreeing their appointment, that they are likely to have to wait while other scheduled patients are seen. (An exception to this will be group clinics.)

#### **5.6 Reviewing the template**

- 5.6.1 Although every service will enforce a static template position, there will be times when availability of clinicians' changes (e.g. extended leave, resignations etc). Demand for services in the form of primary care referrals may also significantly rise or fall. Frequent over or under booking of a clinic should initiate a formal review of capacity requirements, with a view to template amendment.
- 5.6.2 The process for amending clinic templates must be closely managed with clear accountability defined. This includes General Managers ensuring that clinic capacity is

being used to maximise efficiency, and that clinicians are working within realistic clinic templates. A local specialty/CMG process for discussing permanent clinic template changes must be documented and shared with specialty staff to support adherence to this Policy. The approval process should have both clinical and managerial involvement.

- 5.6.3 The reviewing of clinic templates should be triggered by fluctuation in clinic utilisation (seen by reviewing the Outpatient Management Tracker, available within Qlik Sense) or frequent ad hoc requests to alter the template. Template review should be initiated by the General Manager and completed in conjunction with the Clinic Lead.

## **5.7 Separation of New and Follow-up appointments into separate clinic codes**

- 5.7.1 Clinics with appointments released to the NHS e-Referral Service system (e-RS) must accommodate exclusively new patients, i.e. follow up appointments must not be mixed in with new appointments as this may reduce the number of appointments released to e-RS. A mixture of e-RS appointment slot types are permissible within a single new clinic code, i.e. face to face, telephone or video/webcam.

- 5.7.2 For other clinics it is more acceptable to allow a mix of new and follow-up appointments. Flexing between new and follow-up in these circumstances will maximise use of capacity. Clinics where an appointment type mix is appropriate will include the following examples: treatment clinics; clinics accommodating consultant-to-consultant referrals; clinics seeing patients following an inpatient stay.

## **5.8 Cancelling appointment timeslots on a clinic**

- 5.8.1 Individual appointment timeslots within a clinic may only be taken out of use by cancelling each individually, e.g. the first 2 appointment timeslots in a clinic being cancelled due to clinician being on a scheduled ward round following being on-call. This cancellation must be coded to indicate the reason for cancellation. (See Appendix 6 for the current list of valid timeslot cancellation codes.) This will enable analysis of reasons for cancellation.

- 5.8.2 Where entire clinics or individual timeslots need to be cancelled that already have patients booked into them, adherence to the Access Policy for Elective Patient Care (B3/2004) is required to ensure clinical risk to patients is minimised, e.g. not cancelling patients multiple times and/or re-booking patients beyond a time that is deemed clinically appropriate for their condition.

## **5.9 Changing appointment types to cope with demand**

- 5.9.1 Where appointment types within a clinic need altering on an ad hoc basis, this will be managed within the “frozen” template, e.g. a follow up appointment is replaced with a new appointment. This scenario would be managed by cancelling a follow up appointment (using an appropriate timeslot cancellation reason (Appendix 6) and overbooking an existing new appointment time. This will enable flexibility in appointment types that is required to cope with demand.

## **5.10 Changing appointment type to enable social distancing**

- 5.10.1 Where there is a need to limit the number of patients attending face to face appointments, and where it has been approved by the Lead Clinician to be clinically safe to do so, appointment types can be flexed between face to face, telephone or video/webcam slot types. The clinic template should remain “frozen” but the slot type amended on an ad hoc basis. Care must be taken when altering a face to face, telephone or video/webcam appointment already booked into via the e-RS system to ensure that unnecessary automatically generated letters to patients are not produced (See Appendix 7 for details of how to cancel an e-RS appointment and re-book for the same day manually on HISS).

- 5.10.2 When flexing appointment types, every effort must be made to spread out the frequency of face to face appointments such that they are interspersed with non-face-to-face appointment types to avoid face to face attendances in consecutive timeslots. This can be achieved by temporary or permanent changes to the clinic template.

5.10.3 As each clinic location varies, it is suggested that specialty staff speak to the Sister or Service Manager for Outpatients to determine how many and the frequency of face to face slots that can be accommodated before amending/creating the clinic template (if the clinic is held in one of the Central Outpatient Department locations). Discussion should be held with the departmental outpatient Sister where clinics are held within specialty outpatient space.

### **5.11 “Either/Or” appointments**

5.11.1 To allow flexibility, some appointment times are set up to be used for a variety of appointment types, e.g. new, follow up, ward follow up, with the appointment length being the same amount of time, regardless of its use. This includes slots being enabled for use by e-RS or to accommodate a non-e-RS booking, e.g. one slot can be defined for use as NR or CBR (see Appendix 4). Please also see 5.7.1.

### **5.12 Waiting list initiative clinics / Additional ad hoc clinics**

5.12.1 Where additional temporary capacity needs to be created in the form of waiting list initiative clinics (where additional funding is available) or ad hoc clinics (where no additional funding is available). The clinic code allocated to these clinics must be different to the routine clinic code, and indicate the type of clinic, e.g. contain “WLI” or “AH” within the code. This will enable analysis of additional capacity. Not every WLI or AH clinic needs a new code. Once WLI or AH codes are created for a Clinic Lead, they can be used every time that Clinician performs a WLI or AH clinic.

### **5.13 Routine clinic on different day**

5.13.1 Where a routine clinic has to be moved to a different day/time, the clinic code should remain the same. This will enable analysis of all routine scheduled capacity.

### **5.14 Patients who need a longer appointment length**

5.14.1 Patients who require an appointment that is longer than the scheduled length must be managed by selecting an appointment time for the patient to arrive, but extending the appointment over multiple appointments timeslots. This will result in one appointment being booked, but it will span over multiple appointment times (so that the appointments cannot be used for other patients). If the patient subsequently cancels, all appointments become available for re-booking.

5.14.2 Patients who will leave after a clinic appointment and are required to return later in the day for a subsequent visit (to the same clinic) may have two separate appointments booked for administrative management.

### **5.15 Managing clinics moving to a different UHL site**

5.15.1 Changes of location (i.e. service moving from LRI to LGH) need careful planning in advance. It is good practice to create a new clinic code for the new site, set up from the date that the transfer is due to take place and setting an “end date” of the existing clinic code. Any future patients booked within the existing clinic code will need to be re-booked into the new clinic code, at a date and time as near to the original appointment as possible, and the patient informed, giving reasonable notice of the location change. Please see appendix 9 for more information on options.

5.15.2 Where permanent changes of location are planned, consideration must be given to site-specific services within the e-RS system, that link to clinics that are due to move. New services must be set up on e-RS for the required location, which need to be linked to the new clinic code to ensure patients referred via e-RS are booked into the correct clinic code at the new hospital site. The creation of new e-RS service can only be done by the e-RS Team so early contact with them is advised, so that all the changes are in place ready for when the service moves site.

### **5.16 Appointment Reminders**

5.16.1 Outpatient clinics should be set up for automatic text message reminders (except Virtual clinics). Where it is deemed inappropriate for patients to receive text reminders, this can

be managed locally by opting out of reminders at clinic code level. To enable the relevant text message content to be sent, the patient must be booked into the correct slot type – i.e. a video/webcam / telephone / face-to-face

5.16.2 Reminders by letter may also be sent.

### **5.17 Appointment availability on NHS e-Referral Service system (e-RS)**

5.17.1 e-RS enables new appointments to be booked at the convenience of the patient. The Trust is contractually obligated to ensure there is sufficient capacity and appointments available on e-RS for bookings to be made. All appointment capacity for GP referrals must be made available to e-RS through the process of “tagging” to the relevant e-RS service.

### **5.18 HISS access for Clinic Management**

5.18.1 Access to clinic management functions will be controlled as follows:

5.18.2 HISS Function “Doctor Template (DT)” – which enables management of the standard clinic template, will be given to Admin Team Leaders (or nominated individuals) only, for authorised adjustments to the clinic template.

5.18.3 HISS Function “Maintain Session (MS)” – which enables appointment timeslots to be added / reduced (thus changing the number of patients within the template on a clinic by clinic basis) will only be retained by a small number of staff identified by the Admin Team Leaders (or similar role/nominated individuals) as this function is also necessary to enable ad hoc clinics to be set up and appointment types to be altered.

5.18.4 HISS Function “Cancel Timeslot (CNT)” – which allows appointment times to be cancelled (blocked), will need to be allocated to booking staff to be able to cancel timeslots that are not to be booked into, using an appropriate cancellation reason (see Appendix 6).

### **5.19 Virtual admin clinics**

5.19.1 Virtual clinics enable review of a patient’s case-notes and/or test results without the need for the patient to be present. A decision can be made as to whether the patient needs to return for a further appointment/test/procedure or can be discharged. Virtual clinics will be set up for specific dates and it is important that actions associated with these clinics occur on the day or within 24 hours. A local procedure must be in place to ensure that vital information is collected within 24 hours i.e.

- Were case-notes and/or test results reviewed? ‘Attendance Status’ must be completed:
  - Attended – the review took place as intended
  - Cancelled – the review was postponed
- What was the outcome and RTT Status?
- Does a waiting list slip need completing?
- Do requests for further tests need to be raised?
- 

5.19.2 Attributes of the setup for a Virtual Clinic

- Clinic code should have the prefix of “VIR”
- There will be no patient appointment letters or text message reminders sent as there is no requirement to inform the patient of these appointments.
- Appointment types in use: VIR only and always classed as follow-up appointment

### **5.20 Telephone clinics**

5.20.1 Where a clinic is expected to run exclusively made up of telephone appointment slot types, it is good practice to identify the clinic as being a specific “Telephone clinic”.

5.20.2 For a telephone appointment a local procedure must be in place to ensure that vital information is collected within 24 hours i.e.

- ‘Attendance Status’ must be completed:
  - Attended – the telephone call took place as intended
    - DNAs must be recorded in line with the process set out in the UHL Access Policy for Elective Care
  - Cancelled – the call was postponed/rebooked (patient informed as necessary) What was the outcome and RTT Status?
- Does a waiting list slip need completing?
- Do requests for further tests need to be raised?

5.20.3 The appointment should be by prior arrangement with the patient so applicable appointment letter types should be assigned to a telephone clinic.

5.20.4 Attributes of the setup for a Telephone Clinic

- Clinic code should have the prefix of “TEL”  
Appointment types in use: *TLN* (New appointment), *CTU* (e-RS new urgent), *CTR* (e-RS new routine) *TLF* (follow-up telephone appointment)

## 5.21 Multi-Disciplinary Team (MDT) and Multi-Professional Team (MPT) Clinics

5.21.1 It is not expected that every clinician within an MDT or MPT clinic has their own clinic list, since patients will see multiple clinicians at the same time. A pragmatic approach is required to ensure that locally there is an understanding of capacity, which can be reported in an appropriate level of detail.

This Policy is supported by the following processes:

Procedure / Process / Standard	Appendix
Process for: (1) Agreeing Template (2) Ad hoc Cancellation of Clinic/Timeslots (3) Overbooking of Timeslots	5

## 6 EDUCATION AND TRAINING REQUIREMENTS

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6.1 CMGs will be responsible for adherence to this Policy which will be supported by the Outpatient Optimisation Programme Team. All training will be provided via standard HISS Training which can be booked using HELM (Health Education Learning Management).

## 7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Outpatient resources are used to maximum efficiency.	Outpatient Optimisation Programme Manager	Outpatients Management Tracker, (available on Qlik Sense), which captures booking slot utilisation, DNA rates, new to follow up ratios, cancellations, analysis of appointment slot types (attended and future), and vacant slots.	Monthly	Outpatient Optimisation Board, which is accountable to the Executive Strategy Board and Executive Performance Board
Templates are only updated through a local managed process, and remain static. Documented operational process for authorisation of template changes.	CMG Manager	Local records of authorised template changes. Outpatient Management Tracker (number of available appointments should be static unless authorisation to make permanent change)	Ad hoc	CMG management meetings
Maximisation of clinic booking slot utilisation (95%+)	General Managers	Review of Outpatient Management Tracker (within the Tracker there is a section called "Prospective Clinic Utilisation" available to Clinic Co-ordinators to support effective booking by identifying vacant slots	Monthly	Escalation to Head of Service as necessary
Individual clinic templates per clinician	General Managers	Review of Outpatient Management Tracker	Monthly	Escalation to Head of Service as necessary
New and Follow Up patients being correctly recorded	General Managers / Team Leaders (or similar role)	Review of Outpatient Management Tracker		Clerical team meetings

## 8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this Policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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NHS Data dictionary <https://datadictionary.nhs.uk/about/about.html>

INsite page for HISS Clinic forms and HISS Training (via HELM)

[Access Policy for Elective Patient Care](#) B3/2004

Senior Medical Staff Annual Leave Policy (Trust reference B35/2004) [Senior Medical Staff Annual Leave Policy](#)

Senior Medical Staff Study Leave Policy (Trust reference B67/2008) [Senior Medical Staff Study Leave Policy](#)

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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The current version of this Policy will be held on INsite and available to all staff via Sharepoint.

The Policy will be reviewed every 3 years or during the intervening period if national or local requirements change.

## HISS Outpatient Clinic Function Types

Code	Clinic Lead	Explanation
DET	Dietetics only	Consultation with dietician only.
DOC	Doctor	Either a consultant or other doctor (on behalf of a consultant) where a doctor is responsible for attendances/treatments.
HYG	Hygienist only	Dental Hygienist only – treatment and advice relating to oral health.
NUR	Nurse	Clinics that are specifically nurse-led i.e. patients are not expected to see a doctor, but may occasionally do so by exception at the request of the nurse. Includes nurse specialists, nurse consultants and any other nurse giving treatment or advice.
MDT	Multi-disciplinary	Consultants from different Main Specialties see the patients at the same time (Excludes clinics where a consultant acts in an advisory capacity only)
MPT	Multi-professional	Varying combinations of Physiotherapist, Occupational Therapies, Psychologist, CNS and Consultant(s) from the same Main Specialty. (Excludes clinics where the consultant acts in an advisory capacity only)
OPT	Optometrists only	e.g. investigation, diagnosis and treatment for defects / abnormalities of eye focus.
ORP	Orthoptist only	e.g. investigation, diagnosis and treatment for defects / abnormalities of eye movement.
ORT	Orthotist only	e.g. provision of splints, braces and special footwear etc.
OT	Occupational Therapist only	Occupational Therapy only activity. This activity will normally not be collected on HISS.
PHL	Phlebotomist	A clinic set up purely for managing requested blood tests
PHM	Pharmacist only	Advice/review regarding medication by a pharmacist.
PHY	Physiotherapist only	Physiotherapy only outpatient clinic activity.
POD	Podiatrist only	Chiropodists / Podiatrists diagnosing and treating abnormalities of the lower limb. e.g. patients with diabetes.
PRO	Prosthetics only	Advice/fitting of prostheses only.
RAD	Radiographer	e.g. for radiotherapy review, radiographic imaging EXCLUDING Radiologist (recorded as DOCTOR).
RSC	Research Clinic	Clinic funded for research and excluded from normal tariff
SON	Sonographer only	Medical ultrasound e.g. obstetrics.
SP	Speech Therapist only	Assessment, treatment of speech, language and communication, eating and swallowing problems.
TEC	Technician only	e.g. for Graft Surveillance (vascular), Visual field testing (ophthalmology), Sleep Lab (Sleep Studies).
TEL	Telemedicine clinic	Patients do not physically see a clinician but receive guidance or advise over the phone.
VIR	Virtual clinic	Administrative session only i.e. patient not present/aware.



<b>Term</b>	<b>Description</b>
Appointment	An appointment is a diary timeslot into which a patient is booked, whether or not they attend.
Attendance	An attendance is when a patient arrives for an appointment and is seen.
Cancelled appointment	This is an appointment that was booked but is subsequently taken out of use, e.g. ad hoc reduction in timeslots due to clashing clinical commitments such as attending a ward round following being on-call.
Clinic Code	This is the code on HISS assigned to a clinic session. Each code relates to a series of clinic sessions under the same lead clinician, whether they are held regularly or on an ad hoc basis.
Consultant Outpatient Clinic	A consultant outpatient clinic is an administrative arrangement enabling patients to be assessed by a consultant, his/her staff and associated health professionals. The holding of a clinic provides the opportunity for consultation, investigation and treatment and patients normally “attend” by prior appointment A consultant is in overall charge, although does not need to be present on all occasions that the clinic is held (in which case a member of the consultant's firm, or locum for such a member, must be present). A clinic may be run by a GP acting as consultant.
DNA (Did Not Attend)	A DNA is recorded when the patient fails to attend for an appointment and gives no warning that they will not be attending.
HISS	HISS is the Trust's main Patient Administration System. HISS stands for 'Hospital Information Support System' and has a text-based user interface. PatientCentre is the same system but with a windows user interface. It is from these systems that core data is reported within the Trust and commissioning data is transmitted to the Commissioners.
Multi-Disciplinary Team (MDT) Clinic  And Multi-Professional Team (MPT) Clinic	This involves a consultant conducting an outpatient clinic jointly with one or more other consultants (MPT) or other care professionals (MDT). A patient attending such a clinic would see two or more care professionals at the same time (excluding consultants acting only in an advisory capacity). This only applies to outpatient clinics that are consultant clinics (e.g. not applicable to nurse-led clinics). When a consultant conducts an outpatient clinic jointly with another health care professional the activity is still attributed to a 'lead' consultant,. A clinic should <u>not</u> be recorded as an MDT clinic if <ul style="list-style-type: none"> <li>• 2 or more consultants hold clinics at the same location and time specifically in order to allow patients to go from one consultant to another, even if they share a single list of patients.</li> <li>• 2 or more consultants manage a clinic on rotation, but only one of them is present for a session.</li> </ul> These are separate consultant clinics.
NHS E-Referral Service system (previously known as Choose and Book)	This is national application that allows GPs, their practice staff or patients to book directly into certain outpatient clinic appointments within the Trust.
Nurse-led clinic	A Nurse-led clinic is an administrative arrangement enabling patients to be assessed by a nurse for, treatment, advice and/or counselling. These sessions are characterised as follows: <ul style="list-style-type: none"> <li>• Nurses have their own list of patients to review</li> </ul>

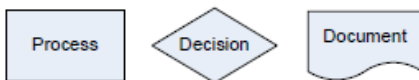
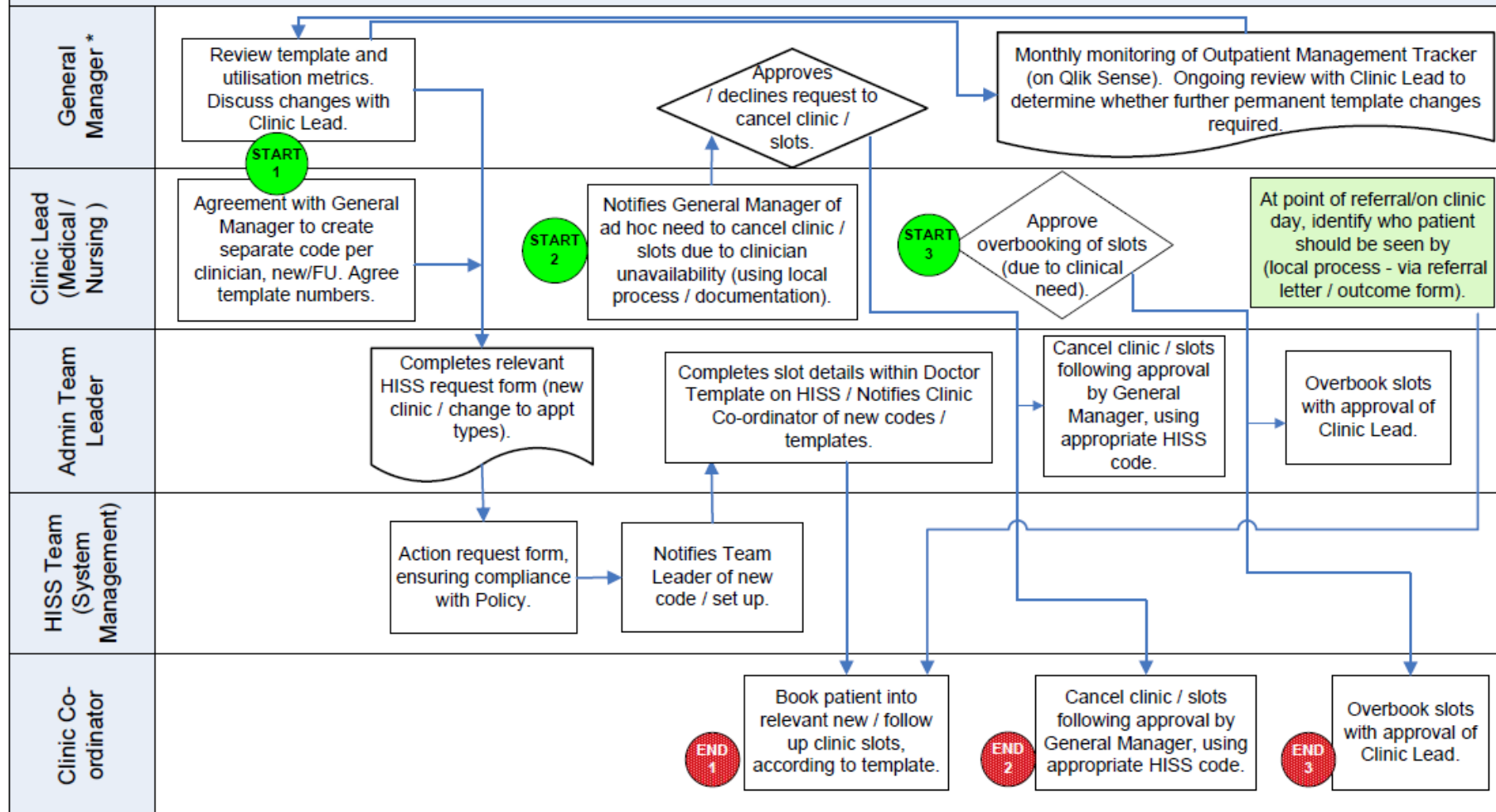
	<ul style="list-style-type: none"> <li>• Patients are not expected to see a doctor</li> <li>• Patients have appointment times (or approximate)</li> <li>• The location is on a hospital site (unless telephone or video/webcam)</li> </ul> <p>Occasionally an assessment of a patient may take place by a Nurse whilst the patient is still admitted in the context of a Nurse-led clinic. This activity should be recorded as a Ward Attendance.</p> <p>Specialty staff should ensure that nurse-led clinics have been identified as such during clinic set-up on the HISS. Internal values within the HISS will indicate various types of 'clinic' for information reporting e.g. run by nurse, dietician etc.</p>
Outpatient Attendance	<p>A patient is seen in an outpatient setting, or is assessed by telephone or video/webcam (e.g. by a consultant/nurse).</p> <p>A consultant outpatient attendance also occurs when a consultant sees an admitted patient from a different specialty where there is no transfer of responsibility for the care of the patient. For example a patient admitted under general surgery having a consultation with an oncologist.</p>
Outpatient Episode	<p>An outpatient episode starts when a referral for a patient, to be seen in an outpatient (non-admitted) setting is received. Every referral to a consultant, must be registered on HISS to initiate a new outpatient episode.</p> <p>An episode ends when the patient is not given a further outpatient appointment (e.g. discharged) or has not attended for six months with no forthcoming appointment.</p>
Referral to Treatment (RTT)	<p>RTT is the journey which a patient follows from referral to treatment. The NHS Constitution states that there is a maximum waiting time of 18 weeks.</p>
Telephone Clinic	<p>An outpatient consultation in which the patient participates remotely e.g. via the telephone.</p>
Virtual clinic	<p>Virtual clinics are used for clinical review of patient case-notes and/or test results to decide on next steps in the care pathway e.g. whether to invite patients back for follow-up or to discharge. The patient is not present.</p>
Ward attendance	<p>An attendance at a ward by a patient, where the patient is not currently admitted. This should be recorded as Doctor or Nurse-led for each attendance, together with whether it is a first or follow-up visit.</p> <p>Data must be collected on HISS either by (i) having a 'Ward Attender clinic' set up (as for outpatients) to book appointments and record attendances, or (ii) by recording each visit separately as a 'Ward Attender'.</p> <p>Ward Attenders are classified as outpatient activity.</p>
Vacant Slot Report	<p>Details of empty appointment slots that are available for use can be identified within the Prospective Clinic Utilisation section of the Outpatient Management Tracker, available on Qlik Sense.</p>

## Outpatient New and Follow-up appointment categories

<b>Scenario</b>	<b>Circumstances in which this is classed as a <i>New appointment</i></b>	<b>Circumstances in which this is classed as a <i>Follow-up appointment</i></b>
<p>1 1<sup>st</sup> appointment following referral from GP</p> <p>2 1<sup>st</sup> appointment following</p> <ul style="list-style-type: none"> <li>• initial screening (i.e. Breast Screening / Retinal Screening)</li> <li>• initial endoscopy</li> <li>• attendance in Eye Casualty</li> <li>• attendance in Emergency Dept</li> </ul> <p>3 1<sup>st</sup> appointment in nurse-led clinic</p>	<p>Patient has no outpatient episode open for this consultant or clinician at UHL</p>	<p>There is an existing outpatient episode open for this consultant or clinician at UHL</p>
<p>4 Appointment after elective inpatient stay (via waiting list)</p> <p>5 Appointment after emergency inpatient stay</p> <p>6 Patients who have been seen in a hospital outside of UHL (i.e. Community hospital / Lincolnshire etc) and require pre-assessment at UHL</p> <p>7 Referral from one Consultant to another Consultant</p>	<p>Patient has no current outpatient episode open for the same consultant at UHL</p>	<p>Patient has a current outpatient episode open for the same consultant at UHL</p>
<p>8 Ward Attenders</p> <p>9 Referral following Multi-disciplinary clinics (MDT clinics)</p>	<p>Patient has no outpatient episode open for this consultant/clinician.</p>	<p>There is an existing outpatient episode open for this consultant/clinician.</p>
<p>10 Further appointment for on-going care</p> <p>11 An appointment with the same consultant but in a specialised clinic (i.e. different sub-specialty)</p> <p>12 Virtual Clinic following tests</p>	<p>N/A</p>	<p>To be booked on current outpatient episode open for the same consultant</p>
<p>13 Patients who have been seen at one UHL site and require a further appointment at another UHL site with the same Consultant</p>	<p>N/A</p>	<p>Start a new episode at the receiving site if necessary</p>

<b>NEW appointment types</b>	<i>Definition</i>	<b>FOLLOW UP appointment types</b>	<i>Definition</i>
<b>NR</b> New Routine	New routine appointment	<b>FU</b> Follow Up	Follow-up appointment
<b>NU</b> New Urgent	New urgent appointment	<b>FUU</b> Follow-up Urgent	Follow-up urgent appointment
<b>WN</b> New ward discharge	Post IP stay where there is no current outpatient episode with this consultant.	<b>WF2</b> Ward F/U	Post IP stay where this is a current outpatient episode with this consultant open.
<b>NX</b> New special	Specialty specific use for new patients	<b>FX</b> Follow Up Special	Specialty specific use for follow-up patients
<b>NC</b> New Cancer	2WW or other new cancer	<b>FC</b> Follow up cancer	Follow-up cancer appointment
<b>BP1</b> Biopsy New Patient	New appointment that includes a biopsy	<b>BP2</b> Biopsy Follow Up	Follow-up appointment that includes a biopsy
<b>PO1</b> Pre-op New	New appt that is also a pre-op assessment.	<b>PO2</b> Pre-op FU	Follow-up appt that is also a pre-op assessment.
<b>HV1</b> Home Visit New	New appointment taking place in patient's home	<b>HV2</b> Home Visit FU	Follow-up appointment in patient's home
<b>FT1</b> Fast Track New	Specialty specific use – can include 2WW.	<b>LT2</b> Long Term F/U	Long term bookings – e.g reserve for partial booking
<b>XRN</b> AR on arrival	New patients (X-ray required on arrival)	<b>WA</b> Ward Attender	Ward attendance within a clinic list
<b>TLN</b> Telephone New	Telephone appointment new	<b>TLF</b> Telephone Follow-up	Telephone appointment follow up
<b>WCN</b> Webcam	Webcam/video new	<b>WCF</b> webcam	Webcam/video FU
<b>VV</b> Varicose Veins	New routine or urgent varicose veins	<b>VIR</b> Virtual clinic attendance	Admin timeslot only within a Virtual clinic.
<b>XRN</b>	X-ray on arrival	<b>XR</b>	X-ray follow up
<b>CBR</b> Choose and Book Routine	e-RS Routine (face to face)	<b>DD</b> Detailed Doppler	For use in the Obstetrics to manage antenatal scans.
<b>CBU</b> Choose and Book Urgent	e-RS Urgent (face to face)	<b>SON/SOF</b> Scan Only New/FU	
<b>CTR</b> Choose and Book Telephone	e-RS Routine (telephone)	<b>IN</b> Ultra Sound Infertility	
<b>CTU</b> Choose and Book Telephone	e-RS Urgent (telephone)	<b>SCL</b> Scan and Clinic	
<b>CWR</b> Choose and Book Video	e-RS Routine (video/webcam)	<b>DS</b> Ultra Sound Mat Detail	
<b>CWU</b> Choose and Book Video	e-RS Urgent (video/webcam)	<b>HCS</b> Health Care Scans	
		<b>BS</b> Booking Scans	
		<b>HS</b> Mat. Heart Ultrasound	
		<b>EPU/F</b> Ultra Sound Early Pregnancy	
		<b>NTN/NTF</b> Nuchal Trans Scan New/FU	

Process for: (1) Agreeing Template (2) Ad Hoc Cancellation of Clinic / Slots (3) Overbooking of slots



\* General Manager may work alongside Head of Service and / or Service Manager.

	<b>HISS Code</b>	<b>Description / Text</b>	<b>Correct Use</b>
<b>APPOINTMENT CANCELLATIONS</b>	<b>HA1</b>	HOSP - CLINICIAN ANNUAL LEAVE	Responsible clinician has planned annual leave
	<b>HA2</b>	HOSP - CLINICIAN SICK LEAVE	Responsible clinician has planned/known sick leave
	<b>HA3</b>	HOSP - CLINICIAN OTHER LEAVE	Responsible clinician has other leave e.g. maternity, compassionate
	<b>HA4</b>	HOSP - CLINICIAN STUDY LEAVE	Responsible clinician has planned study leave
	<b>HA5</b>	HOSP - CONS OTHER REASON	Consultant not available other reason - use when no other code applies - add comment
	<b>HA6</b>	BRING FORWARD CLINICAL DECIS'N	Clinical decision to bring forward the patient's appointment
	<b>HA7</b>	HOSP - BANK HOLIDAY	Booked in error on Bank Holiday
	<b>HA8</b>	HOSP - DOCTORS EXAMS	Doctors Exams
	<b>HB1</b>	HOSP - CLINICIAN WARD ROUND	Responsible clinician will be unavailable due to ward round commitment
	<b>HB2</b>	HOSP - CLINICIAN IN THEATRE	Responsible clinician is scheduled to be in theatre
	<b>HB3</b>	HOSP - CLINICIAN ON CALL	Responsible clinician will be unavailable due to on-call commitment
	<b>HB4</b>	HOSP - CLINICIAN NOT IN POST	Use for clinician vacancies
	<b>HB5</b>	HOSP – CLINICIAN IN MEETING	Use for planned meetings
	<b>HC1</b>	HOSP - LACK OF SUPPORT STAFF	Support staff in clinic will be unavailable
	<b>HC2</b>	HOSP - AWAITING RESULTS / REPORT	Test not done / results not available
	<b>HC4</b>	HOSP - CASENOTES NOT AVAILABLE	No case-notes available
	<b>HC5</b>	HOSP - TRANS TO OTHER TRUST	Patient to be seen at other hospital
	<b>HC6</b>	HOSP - STRIKE ACTION	Industrial action affecting the clinic
	<b>HC7</b>	HOSP - SEE AT OTHER UHL SITE	Patient to be seen at other site (LRI, LGH, GH)
	<b>HC8</b>	HOSP - EQUIPMENT FAILURE	Cancellation due to any equipment failure
	<b>HC9</b>	HOSP – EQUIPMENT UNAVAILABLE	Cancellation due to equipment being unavailable
	<b>HC10</b>	HOSP – AMBULANCE ISSUE	Cancellation due to ambulance transport issue
	<b>HF1</b>	HOSP - SLIGHT TIME/CODE AMENDT	Minor changes to time (<10 minutes) or clinic that do not require communication to the patient
	<b>HF2</b>	HOSP - PRIORITY CHANGE	Patient priority has changed
	<b>HF4</b>	HOSP - RE-BOOK OUTSIDE CAB	ERS ONLY: Re-book outside of ERS

<b>HF5</b>	HOSP - UNREASONBLE OFFER TO PT	The date was offered at short notice and declined by the patient
<b>HF8</b>	HOSP - REDIRECT OTHER REASON	Redirecting a referral (reason not specified)
<b>HL1</b>	HOSP - ADD REQ UNAVAIL APPT	Additional requirements are not available at this appt e.g. interpreter
<b>HL2</b>	HOSP - ADD REQ NOT AT LOCATION	Due to additional requirements the patient should be seen at diff site or provider
<b>HL4</b>	HOSP - NOT ELIGIBLE ADD REQ	The patient is not eligible for additional requirements provided e.g. transport
<b>HL5</b>	HOSP - INAPPROPRIATE PRIORITY	Cancellation due to the initial priority being inappropriate.
<b>HL7</b>	HOSP - CLINIC CANCELLED	Clinic cancelled - use other more specific description if possible
<b>HL8</b>	HOSP - SLOT CANCELLED	Slot cancelled - use other more specific description if possible
<b>HL9</b>	HOSP - CLINIC OVERRUN	Patients not seen on clinic due to capacity, and need urgent rebooking
<b>HL10</b>	HOSP - CONS OTHER REASON	Where other specific code is not suitable
<b>COVH</b>	HOSP – CORONAVIRUS	Cancellation as a result of the Caronavirus pandemic
<b>PA1</b>	PT - PARTIAL BKG 1ST OFFER REF	Recording earliest reasonable appointment offered that the patient turns down
<b>PA2</b>	PT - PATIENT UNWELL	Cancellation due to the patient being unwell (Note: separate code for Swine Flu)
<b>PA4</b>	PT - PATIENT ON HOLIDAY	Patient cancel due to holiday
<b>PA5</b>	PT - WANTS TO DELAY	Patient cancel for social reasons - work commitments etc
<b>PA6</b>	PT – BRING FORWARD	Patient cancellation and appointment brought forwards
<b>PA7</b>	PT - INTEND TO GO PRIVATE	Patient no longer wants NHS appointment
<b>PA8</b>	PT - DOMESTIC/SOCIAL REASON	Patient cancel for social/domestic reasons
<b>PA9</b>	PT – REQUEST DIFFERENT TIME	Patient cancellation due to time change
<b>COVP</b>	PT – CORONAVIRUS CONCERNS	Patient unwilling to attend due to Caronavirus concern
<b>PC5</b>	PT - GP CANCELLATION	GP request to alter or bring forward appointment
<b>PC6</b>	PT - OTHER REASON	Patient cancellation for reason not specifically listed - always add comments to explain
<b>PD</b>	PT - MATERNITY PT DELIVERED	Maternity patient delivered - appointment no longer required.
<b>GU1</b>	PATIENT DIED	Appointment cancelled due to patient death
<b>GU2</b>	TREATMT NO LONGER REQ	Patient has become well or will be treated elsewhere
<b>GU4</b>	FURTHER INFO REQUIRED	Referral rejected by consultant or no referral letter received
<b>GU5</b>	REF REJECTED BY CONS	Referral to wrong specialty/service e.g. low value treatment policy
<b>GU7</b>	APPT NOT REQUIRED	Referral rejected or an appointment is not required
<b>GU8</b>	PRE-REQUISITES	Further information required e.g. BMI

		INCOMPLETE	
	<b>DIED</b>	LD PATIENTS DEATH SYS DEF	Patient death recorded on HISS/PatientCentre
	<b>TSDL</b>	Timeslot Deleted (Sys def)	<System use only>
	X01	HOSP - HISS TEAM USE ONLY	Admin changes only - e.g. renaming of clinic and pts transferred from old to new
	Other X codes.... For cancellations incoming from Electronic Referral System (ERS) only		
<b>MUST BE USED for cancellation of empty clinic SLOTS</b>	<b>SL01</b>	SLOT – CLINICIAN ANNUAL LEAVE	Responsible clinician has planned annual leave
	<b>SL02</b>	SLOT - CLINICIAN STUDY LEAVE	Responsible clinician has planned study leave
	<b>SL03</b>	SLOT - CLINICIAN SICK LEAVE	Responsible clinician has planned/known sick leave
	<b>SL04</b>	SLOT - CLINICIAN OTHER LEAVE	Responsible clinician has other leave e.g. maternity, compassionate etc.
	<b>SL05</b>	SLOT - CLINICIAN ON CALL	Responsible clinician will be unavailable due to on-call commitment
	<b>SL06</b>	SLOT - CLINICIAN WARD ROUND	Responsible clinician will be unavailable due to ward round commitment
	<b>SL07</b>	SLOT - CLINICIAN IN THEATRE	Responsible clinician is scheduled to be in theatre
	<b>SL08</b>	SLOT - CLINICIAN NOT IN POST	Use for clinician vacancies
	<b>SL09</b>	SLOT - CREATE OTHER CAPACITY	Slot type needs to be adjusted to create capacity e.g. cancel FU to overbook New
	<b>SL10</b>	SLOT - LACK OF SUPPORT STAFF	Support staff in clinic will be unavailable
	<b>SL11</b>	SLOT - EQUIPMENT FAILURE	Cancellation due to any equipment failure
	<b>SL12</b>	SLOT - BANK HOLIDAY	Cancellation due to Bank Holiday
	<b>SL13</b>	SLOT - CLINICIAN MEETING	Responsible clinician has meeting scheduled
	<b>SL14</b>	SLOT - CLINICAN NEW IN POST	Slots cancelled until new clinician becomes competent to have full clinic



## HOW TO CANCEL AN E-RS NEW APPOINTMENT AND RE-BOOK AS A DIFFERENT NEW APPOINTMENT TIMESLOT TYPE FOR THE SAME DAY (Face to Face / Telephone / Video (Webcam))

### 1. Cancel the appointment on HISS so that it can be monitored

- a) Select “CAP” – cancel appointment

	Available Func
APE - Appointment Enquiry	CAB
CAP - Cancel Appointment	CCE
CEQ - Clinic Enquiry	DAP
DOR - Delete Outpatient Referral	DP
DUP - OP Diary Dump by Specialty Rpt	FBA

- b) Select appointment you wish to cancel

CNC H	Outpatients	22/06/20	MON	15:15	RASCN	RASCN	CBR	Y
LRI			CAB	18/03/20 11:59	547	18/03/20 13:24		
1	Outpatients	30/03/20	MON	08:30	LRI06TC1	LRI06TC1	CBR	Y
LRI			CAB	25/03/20 11:37				
2	Outpatients	24/03/20	TUE	07:10	RHIS	RHIS	CBR	Y

- c) Confirm cancellation - You will get this message.

Enter: “Yes”

This is an CAB appointment. Are you sure you wish to cancel?

- d) Select the most appropriate “Reason Code” (COVH used as an example only) and then state what will happen with the appointment e.g Rebook as face to face/telephone/video(webcam) appointment.

Enter: “Yes”

```

Appt Selected: MON 30/03/20 08:30-08:40
Report To: GH Reception Main

Cancel By :H Hospital

Reason Code :COVH HOSP - CORONAVIRUS

Reason Text :Rebook as telephone app

Comment :

Canc Letter Options :
```

Enter? :

2. **Set up a new slot on MS** (this can only be done once you have cancelled the original appointment. HISS will not let you rebook into the same slot.)

e) Select **"MS"** – maintain Doctor session

```
ACR - Cancel Clinic and Reschedule      CCL - Cancel Clinic
CNT - Cancel Timeslot                  DT - Doctor Template
MS - Maintain Doctor Session           MSC - OP Maintain Session Comment
ODR - Outpatient Dayend Reports        RBT - Reprint Block Transfer Report
RCC - Reinstate Clinic                 RCL - Reinstate Clinic
RET - Reinstate Timeslots              SCL - Suspend Clinic
```

f) Fill in fields to revise the clinic from which you have cancelled the appointment.

Enter: **"Yes"**

```
Command          :REVISE
Doctor Code      :LRI06TC1  R02 TEST
Date             :30/03/20  Monday
Session Start    :07:00      Stop    :20:00      Desc    :AM
Reminder Letter? :NO          Days before session :14
Loc Code   :F01  GH Reception Main
```

g) Revise session and tab through to the bottom.

Enter: **"Yes"**

```
Doctor   LRI06TC1  Revise session set up for
SDS ID   :579016183033
Session Command :REVISE
Session Start :07:00      Stop    :20:00
Clinic Code  :LRI06TC1  R02 TEST
Comment     :TEST CLINIC
Allow Choose and Book :YES
Nurse      :
Enter?   :y
```

h) Delete timeslot – Delete the original timeslot

```
Timeslot Command :DELETE

Timeslot Start   :08:30           Stop   :08:40

                                     Status :Provided to CAB
Appt Type  1 :CBR Patients  1 :1  Service 1 :0024  Pr
           2 :NR           2 :1           2 :
           3 :           3 :           3 :
           4 :           4 :           4 :
Timeslot Patients :1           Rpt To Loc :F01  GH Rece
```

i) Add timeslot – add a timeslot that is 1 minute after the original slot and make sure the slot is an NR, NU, TLN or WCN slot.

```
Timeslot Command :ADD

Timeslot Start   :08:31           Stop   :08:40

                                     Status :
Appt Type  1 :  Patients  1 :1  Service 1 :          Priority 1 :
           2 :  █           2 :          2 :          2 :
           3 :          3 :          3 :          3 :
           4 :          4 :          4 :          4 :
Timeslot Patients :          Rpt To Loc :
```

j) End MS and always make sure you press return on the processing changes page.

```
Processing Changes...

Processing Complete <Press Return> █
```

### 3. Rebook as a face to face, telephone or video/webcam appointment

k) Select “RBA” – OP Refer and Book Appointment

```
Available Functions
RBA - OP Refer and Book Appointment  RCA - Reinstate Cancelled Appointment
REA - Revise Appointment Details      SCE - Cancel Suspend Clinic Enquiry
TBA - Telephone Book Appointment      TOA - Take on Appointments
VAH - Address History (View Only)      XOA - Transfer Outpat Appointment
```

l) Book another appointment into the slot you have just created. Ensure that the appointment type is NR, NU, TLN or WCN.

```

Report To: GH Reception Main
Comment  TEST CLINIC

Commission Ref :
Appt Type      TLN      TELEPHONE NEW
Transport      :U      UNKNOWN
Comment       :TEST
Appt Letter Options :
Category       :N      NHS
Booked on      :25/03/2020 15:07 CAB :N

```

#### 4. Update e-RS

The patient will appear in e-RS on the “**Appointments for Booking**” worklist as e-RS is expecting a re-booking to be made within e-RS. If patients remain on this worklist letters will automatically be generated by e-RS and sent to the patient to remind them that they need to re-book. This may cause confusion to the patient, who may re-booked themselves via e-RS into the same appointment type as their original e-RS booking.

**TIP:** This step must be undertaken as soon as possible after cancelling the appointment in HISS.

m) Click on the UBRN number and select the Action of “**Cancel Request**”

Worklist Type: Appointments for Booking

Appointments for Booking [Set as default worklist](#)

Filters [Show filters](#) (1 selected)

Update results Last updated: Just now

24 results found [Print this list](#)

UBRN	NHS Number	Appointment	e-Referral Pathway Start	Referrer
[Highlighted]		club submarine	25-Mar-2020	ALIBEYGI, h

Actions:

- Book Appointment
- Cancel Request
- View History
- View Request

Express consent

Telephone Primary Home 01163193376

Telephone Mobile 07511659142

Specialty Cardiology

n) In the reason box select the reason of “**Patient booked outside NHS e-Referral Service**”

Clinical Term -

Specialty Cardiology

Clinic Type Heart Failure

Service(s)

Location	Referrer Alert	Service Name	Organisation Type	Indicative Wait Time
GLENFIELD HOSPITAL	<b>i</b>	Heart Failure RAPID ACCESS- Book at time of referral.PATIENT MUST NOT ATTEND- Cardiology-GH-RWE	NHS Trust	6 Days

Priority Urgent

\*Reason: [Dropdown menu with 'Patient booked outside NHS e-Referral Service' selected]

Reason for Cancellation Comments:

o) In the comments box type in the new date given and then click the “Cancel Request” button.

Clinical Term -  
Specialty Cardiology  
Clinic Type Heart Failure  
Service(s)

Location	Referrer Alert	Service Name	Organisation Type	Indicative Wait Time
GLENFIELD HOSPITAL		Heart Failure RAPID ACCESS- Book at time of referral.PATIENT MUST NOT ATTEND- Cardiology-GH-RWE	NHS Trust	8 Days

Priority Urgent  
Reason: Patient booked outside NHS e-Referral Service  
for Cancellation Comments: appointment booked 28/04 @13.15

Don't Cancel Request Cancel Request

If you have any queries relating to this please contact:

Azrin Jagot, e-RS System Manager ([azrin.jagot@uhl.tr.nhs.uk](mailto:azrin.jagot@uhl.tr.nhs.uk)) OR

Helen Cave, Deputy Head of Performance, Outpatients and e-RS ([helen.cave@uhl-tr.nhs.uk](mailto:helen.cave@uhl-tr.nhs.uk)).

24/11/2020

To get access to the tracker please follow these instructions:

Go to: <http://iamweb/>

1. Use the navigation pain on the right hand side. Select STAFF REQUEST FORMS
2. Select REQUEST NETWORK RESOURCES
3. Step 1 – Enter authorising manager name as **Kerry Musson**
4. Step 2 – Select THEY ADMINSTRATE A SYSTEM I NEED/USE
5. Submit
6. Click APPLY FOR ACCESS (OR REMOVAL FROM) AD GROUPS
7. You need to apply for access to 2 groups:
  - a. The first AD group you need is : Qlik Sense User Access
  - b. The second AD group you need is : Qlik Sense Stream Outpatient

Once you have been granted access you will be able to access the report here:

<https://uhlsense.xuhl-tr.nhs.uk/hub>

If you have a need for a Qlik Sense solution, please get in touch with the Assistant Information Manager, Kerry Musson ([Kerry.musson@uhl-tr.nhs.uk](mailto:Kerry.musson@uhl-tr.nhs.uk)), or complete the online request form available here [Qlik Sense App Request Form](#).

Please contact Kerry Musson with any feedback on Qlik Sense or suggestions for improvement

November 2020

Specialties must advise IM&T of their intentions with at least 2 weeks' notice before the first affected appointment. You are strongly advised that setting up new clinics is the preferred/cleanest option. Please see the table below to show the rationale for this. Moving an existing clinic code between 2 sites requires close co-ordination with the IM&T Team. You will need to ensure that admin staff have HISS access to both hospital sites.

Patients referred to one site can be booked into appointment on another site. For ongoing access additional functions such as patient letter history on the new site, the original referral needs to be updated/revised to the new hospital site.

<b>Transferring the SAME clinic code to a different hospital site</b>		
	Pros	Cons
Process	You will not have to cancel and rebook all patients.	You will need to ensure that every patient receives notification of their new appointment site via a manual record process. (There is no audit history of a cancel and rebook)
Letters printed off-site	No new letters are required, because they read the location direct from the slot time on HISS	Prior to sending any letters you must update the report to location for every slot time on the clinic (Doctor template) to ensure patients are directed to the correct site/location. This must be done as far in advance as possible. Any letters sent before this will have provided an incorrect location.
Text reminders		There will have to be a pause in texting during the switch-over, because the clinic code location is not date-specific

<b>Transferring to NEW clinic codes on a different hospital site</b>		
	Pros	Cons
Process	Your clinics will be distinct to a site, so there is a clear audit trail of the activity move.	New clinic codes will need to be requested and set up, based on existing clinic that is to cease. This can be, and is best done, well in advance.
Letters printed off-site	You can methodically cancel and rebook each patient from one site to another and generate a cancel/rebook letter. No new letters are required, because they read the location direct from the slot time on HISS	To avoid confusion between text and letters, you should cancel and rebook at least 2 weeks ahead of the original appointment date. This enables a letter to be sent, and then the reminder text showing the correct location as well.
Text reminders	Text message notification can continue.	

Outpatient waiting lists can be moved between site by IM&T on an agreed date. Booking from the waiting list only allows booking into clinics on the same site as the waiting list. E.g. Booking from a LGH waiting list only allows booking into a LGH clinic.